

## Youth Transition Center Inventory Log

Name of Resident\_\_\_\_\_

I, \_\_\_\_\_, understand that I will be allowed to claim only the items on this inventory, and that it is my responsibility to have all items inventoried as I acquire them. I also agree to hold Youth Transition Centers, Youth Services Division, and the State of Montana Department of Corrections harmless for the loss or theft of items not so recorded. I hereby agree that the attached inventory is correct and accurate.

Youth Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Staff Signature:\_\_\_\_\_ Date:\_\_\_\_\_

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### EXIT OF PROGRAM/EITHER POSITIVE OR NEGATIVE

\_\_\_\_\_# of Items Received      \_\_\_\_\_# of Items Missing

Youth signature:\_\_\_\_\_ Date:\_\_\_\_\_  
(if taking items personally)

Staff Signature:\_\_\_\_\_ Date:\_\_\_\_\_

If Absconded/Incarcerated, number of bags \_\_\_\_\_

Where are items stored\_\_\_\_\_

Release/Transferred to \_\_\_\_\_